

- Insurance and shall consider the impact on insurance coverage and premium rates inside and outside the Exchange.
- (v) Plans for determining the need for and selection of eligible entities with whom to contract for performance of Exchange functions or operations.
  - (vi) Fiscal operations of the Exchange, addressing the collection, handling, disbursing, accounting, and auditing of assets and monies of the Exchange and any eligible entity with whom the Exchange contracts.
  - (vii) Statement acknowledging the fiduciary duty owed by the Exchange to persons receiving qualified health plan coverage through the Exchange.
  - (viii) Process for evaluating the effectiveness of the Executive Director and the overall operations of the Exchange.
  - (ix) Provide for conflict of interest rules and recusal procedures that require a Board member to recuse himself or herself from an official matter, whenever the Board member or his or her immediate family has any financial involvement or interest in that matter.
- (b) Establish a process for review of:
    - (i) Individual appeals of Exchange premium tax credit and cost sharing reductions and mandate exemption determinations. To the extent possible, this appeals process shall be established in collaboration with Medicaid eligibility determinations;
    - (ii) Employer appeals of employer-sponsored plan availability or affordability determinations; and
    - (iii) Decisions made by the Exchange that may appeal adverse decisions affecting insurers.
  - (c) Identify an approach for coordinating efforts with the Department of Health and Human Services to fairly allocate administrative costs for eligibility determinations in the Exchange and Medicaid.
  - (d) Provide an approach to encourage broad participation from interested insurers to offer qualified health plans through the Exchange.
  - (e) Develop policies by which the Board may place parameters on the plan designs offered in order to promote competition, ensure meaningful choice for individuals and employers, encourage positive innovations, and prevent risk segmentation.
  - (f) Provide for other matters as may be necessary or proper for the execution of the Executive Director's powers, duties, and obligations under this Act.
- C. The Exchange may contract with an eligible entity for any of its functions described in this Act. For the purposes of this Act, an eligible entity includes, but is not limited to, the Division of Medical Assistance, the Department of Insurance, the North Carolina Consumer Assistance Program, or an entity that has experience in individual and small group health insurance, benefit administration or other experience relevant to the responsibilities to be assumed by the entity, but an insurer or an affiliate of an insurer is not an eligible entity.